

	DFI Office Use Only
DATE REC.	
Lic ID#	DFI ID #
INVOICE #	CHECK #
AMT. PD	BAL. DUE

APPLICATION FOR SMALL LOAN LICENSE

ATTACH LICENSE APPLICATION FEE CHECK HERE

TO BE COMPLETE	D BY ALL APPLI	CANTS	5
The undersigned makes application for a small loan license as pro	vided in the Indiana Uniforr	m Consui	mer Credit Code, IC 24-4.5.
Name of Applicant (Sole Proprietorship, Partnership, Corporation,	LLC)		
PRINCIPAL BUSINESS ADDRESS:			
Address (Number and Street)			
City, State, Zip Code	Telephone		Fax
HOME OFFICE NAME AND ADDRESS: (If Different from Pr	incipal Business Name a	nd/or Ad	dress)
Home Office Name			
Address (Number and Street)			
City, State, Zip Code	Telephone		Fax
ADDRESS WHERE LICENSE IS TO BE SENT:			
Address (Number and Street)			
City, State, Zip Code		Contact P	erson
	E	-Mail	
ASSUME	D NAME		
If applicant operates under an assumed name, a certificate from the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining to conducting business under the laws of the State of Indiana pertaining the laws of the Indiana pertaining the laws of the Indiana pertaining the India	e appropriate official showi under an assumed name is	ng compl to be inc	iance with the provisions of luded with the application.
INDIVIDUALS (To be completed by	those operating as a sole	propriet	corship)
Name			
Address (Number and Street)			
City, State, Zip Code		Te	elephone

PARTNERSHIPS (To be completed by those operating as Part	tnerships)
NAME AND RESIDENCE ADDRESS OF EACH PARTNER:	
Name	
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	
Address (Number and Street)	
City, State, Zip Code	Telephone
ATTACH AN ADDITIONAL SHEET IF NECESSARY	
CORPORATIONS / LLC (To be completed by those operating as a C	Corporation / LLC)
Name of Corporation / LLC	
Address (Number and Street)	
City, State, Zip Code	Telephone
Corporation/ LLC Organized Under the Laws of What State?	Date of Incorporation / Organization
ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY FROM THE INDIANA S	ECRETARY OF STATE.
LIST OFFICERS, DIRECTORS, OR MEMBERS OF THE CORPORATION OR LLC WITH TITLE AN	ND RESIDENCE ADDRESS:
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
ATTACH AN ADDITIONAL SHEET IF NECESSARY	

IF A CORPORATION OR LLC, LIST ALL PERSONS OR ENTITIES OWNING 10% OR MORE OF THI MEETING THIS TEST, LIST THE PERSONS OWNING THAT ENTITY.	E COMPANY. FOR ENTITIES
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
ATTACH AN ADDITIONAL SHEET IF NECESSARY	
REFERENCES Give three (3) names and addresses of references as to your "financial responsibility, character, and fitness financial /depository institution. Reference letters on the reference's business stationery are to be subapplication.	s." One shall be a representative of a omitted with your license
Individual's Name	Title
Address	Telephone
Individual's Name	Title
Address	Telephone
Individual's Name	Title
Address	Telephone
INDIANA BRANCH INFORMATION	
ADDRESS OF EACH INDIANA BRANCH LOCATION	Number of Branches
Address (Number and Street)	
City, State, Zip Code	Telephone
Address (Number and Street)	
City State, Zip Code	Telephone
Address (Number and Street)	
City, State, Zip Code	Telephone
ATTACH AN ADDITIONAL SHEET IF NECESSARY	

GENERAL INFORMA	ATION
If a corporation, attach a copy of your certificate of authority from the Inc.	diana Secretary of State
Attach a copy of your Indiana business plan. Give full details of your ch your small loans as part of your Indiana Business Plan.	arges to customers for small loans and the terms of
3. Do you plan to operate any other type of business at the same location you	ou will be making small loans? Yes \square No \square
If Yes, persons who wish to make small loans under IC 24-4.5-7 within ar another business is solicited or engaged must obtain a written opinion from business would not be contrary to the best interests of consumers. Give Indiana locations other than making small loans	om the director of the department that the other
4. (a) List other states where the applicant or any affiliated company operat as, or was licensed or registered as, a lender, loan broker, or other finan regulatory authority. Provide the same information for owners and office federal regulatory agencies, contact person, contact information, and the	ncial services provider under state or federal errors of the applicant. Provide the name of all state and
(b) Applicant should provide evidence of good standing from all of the holloans.	me state regulators where they are currently making
5. Has the applicant, any affiliated company, or any company associated w license or registration cancelled, suspended, or revoked in any state or be administrative order, including but not limited to informal resolutions, merorders? Yes □ No □ If Yes, give full details	peen subject to a state or federal enforcement or
6. Do you agree to keep a separate set of books and records to be used on	Iv for the lending business? Yes \square No \square
7. Attach a detailed explanation of the following:	,
 a. How loans will be made. b. Written description as to how initial loan and consecutive small c. Estimated Average Loan. d. Will you retain servicing on the loans? Yes \(\subseteq \text{No} \subseteq \text{If No, wle.} \) e. Software the applicant proposes to use for disclosure and/or reserved. 	ho will be servicing?
8. Who will be managing the business?	
Applicant must show minimum two (2) years finance related experience for a	<u>, </u>
ATTACH A BUSINESS RESUME FOR THE MANAGER, OWNER, PA	RTNERS, AND ALL OFFICERS, AS APPLICABLE.
A PERSON ENGAGED IN MAKING SMALL LOANS UNDER IC 24-4.5-7 S DEPARTMENT IN THE AMOUNT OF FIFTY THOUSAND DOLLARS (\$50, WILL BE MADE UP TO A MAXIMUM BOND AMOUNT OF FIVE HUNDRES ACCOMPANY APPLICATION. ADDITIONAL BRANCHES WILL REQUIRING THE BRANCHES ARE OPENED UNLESS ALREADY AT THE MAXIMUM	000) FOR EACH LOCATION WHERE SMALL LOANS D THOUSAND DOLLARS (\$500,000). BOND MUST E AN INCREASE IN BOND AMOUNT AT THE TIME
ATTACH CPA PREPARED REVIEWED OR AUDITED FINANCIAL STATE and Exchange Commission (SEC) reflecting a minimum net worth of at	
ACKNOWLEDGM	ENT
The applicant executed this application onand acknowle schedules, to the best of my/our knowledge and belief, are true and is a true Intentionally providing false information will terminate the application process information is substantiated after issuance, IC 24-4.5-3-504(1)(b).	
IF A CORPORATION, PRESIDENT AND ONE OFFICER MUST SIGN; IF A ALL PARTNERS MUST SIGN; IF SOLE PROPRIETORSHIP, OWNER MUST NECESSARY.	
By: Title	
By:	

1. Has applicant or related principals of corporation, partnership or limited liability corporation arranged for loans for an out of state bank? Yes □ No □ If Yes, give full details including when relationship with out of state bank was terminated. 2. Has applicant and or all owners, officer, members, directors been involved in any type of transactions outlined in IC 24-4.5-7-102(2)(c), 7-410(f)? Give full details. 3. Give full details as to how you will comply with requirement to verify customer's monthly gross income. See IC 24-4.5-7-110 and 7-402. 4. How will you determine if an account is "paid in full"? 5. In addition to the loan finance charge, what other charges will you be assessing the customer? Give full explanation. 6. In addition to the customer's check, what other security will you be using? 7. How will you comply with IC 24-4.5-7-404, Limitation of Loans? 8. Give full details of how you will be collecting accounts if the customer's check is returned due to insufficient funds? 9. How will the customer's check be endorsed? 10. Have you read Small Loan Chapter 7 Sections: 406, Limitations on Default Charges; 409, Applicability; and 410, Limitations? Do you have any questions concerning these sections? Yes \square No \square If Yes, give full written details. 11. Have you read the Department of Financial Institutions Policy Statement on Payday Lending and Check Deception and Check Fraud? Do you understand the policy statement and commit to full compliance with the statement? Yes \Box No \Box 12. Give history and full details of any material litigation and/or criminal convictions for five years preceding date of application for any owner, partner, corporate officer, limited liability member, or branch manager. 13. Are you going to be regularly engaged in making consumer loans other than small loans? Yes □ No □ If Yes, give full written details.

SMALL LOAN INFORMATION

IC 24-4.5-7, information on the provisions of Chapter 7 of the Indiana Uniform Consumer Credit Code, sample Surety Bond form, and other sample forms are available at our Website at: http://www.in.gov/dfi under Credit Information, Statutes, and Licensing. Also see "Publications" at the DFI Website for additional guidance.

STATE OF INDIANA

DEPARTMENT OF FINANCIAL INSTITUTIONS





30 South Meridian Street, Suite 300 Indianapolis, Indiana 46204-2759 Telephone: (317) 232-3955 FAX: (317) 232-7655

WEB SITE http://www.in.gov/dfi

TO APPLICANTS FOR A SMALL LOAN LICENSE:

The Indiana Uniform Consumer Credit Code provides that, unless a person is a supervised financial organization or has first obtained a license from the Department of Financial Institutions authorizing them to make consumer loans, they shall not engage in the business of making such loans. If taking assignment and undertaking direct collection of payments in Indiana, a loan license is also required.

APPLICATION FOR SMALL LOAN LICENSE: The original application form is to be filed with the department and a copy of the form should be retained by the applicant. Only one license is needed to operate in one or more locations.

LICENSE FEE: The application must be accompanied by an initial loan license fee of \$2,000 plus \$1,000 for each branch location in Indiana after the first location. The check or money order is to be made payable to the Department of Financial Institutions. Licenses are renewed annually by December 31. Renewal fee is \$2,000 plus \$1,000 for each branch location in Indiana after the first location.

FINANCIAL RESPONSIBILITY: The applicant must reflect a minimum net worth of at least \$100,000 and liquid assets of at least \$50,000. Liquid assets include cash or its equivalent (any assets that are readily convertible to cash without significant loss such as treasury bills, short term marketable securities, demand deposits, and time deposits nearing maturity. Other assets that are to be considered liquid must be identified by a footnote in the CPA report as to how the liquidity was determined.) CPA prepared reviewed or audited financial statements or most recent 10K filing with the Securities and Exchange Commission (SEC) verifying the above requirements must accompany the application.

BOND: A person engaged in making small loans under IC 24-4.5-7 shall post a surety bond to the department in the amount of fifty thousand dollars (\$50,000) for each location where small loans will be made up to a maximum bond amount of five hundred thousand dollars (\$500,000). The bond must accompany application. Such bonds must continue in effect for two (2) years after the lender ceases operation in Indiana. The bond must be available to pay damages and penalties to a consumer harmed by a violation of IC 24-4.5-7.

EXPERIENCE: Applicant must show minimum two years finance related experience for anyone who will be managing an Indiana location.

STATE POLICE REPORT: A criminal record report from the State Police of the State of residence for each owner (sole proprietorship), partner (partnership), or officers (corporation) as well as the manager for an Indiana location must accompany the application. For Indiana residents, the report from the Indiana State Police may be secured by sending a money order (amount determined by State Police) to the ISP Central Records Division, IGCN 100 North Senate, Room 302, Indianapolis, IN 46204, 317-232-8262. Include your name, address, date of birth, and your finger prints and request a review of records for the Department of Financial Institutions for the issuance of a loan license.

CREDIT REPORT: A credit report of the business and/or principals is to be attached to the Application.

REFERENCES: Give three names and addresses of references willing to acknowledge the financial responsibility, character, and fitness of the applicant. One reference shall be a representative of a financial institution. Reference letters on the reference's business stationary should be submitted with your license application.

FORMS TO BE SUBMITTED: When submitting the application, you are to enclose copies of the forms listed below which will be used in conjunction with your lending transactions.

- 1. Loan Application
- 2. Note and Security Agreement
- 3. Disclosure Form (If not a part of Item 2 or 3.)
- 4. Small Loan agreement (3 completed examples each for initial small loan and consecutive small loan.)

Persons who wish to make small loans under IC 24-4.5-7 within an office, suite, room, or place of business where another business is solicited or engaged must obtain a written opinion from the director of the department that the other business would not be contrary to the best interests of consumers. This information should be included with your application.

PLEASE NOTE: The application and financial statement must be fully completed and filed with the department along with the required initial license fee. Upon the department's receipt of the application, an investigation may be made into the financial responsibility, character, and general fitness of the applicant. **An interview at the department's office will be scheduled before license is approved.**

Upon granting the license, a duly authenticated and numbered license will be forwarded to the address designated in the application. The licensee should show the assigned license number in all correspondence or communications with the department subsequent to licensing.

Licenses under the Indiana Uniform Consumer Credit Code are issued on the basis of representations made in the application. Any substantial change in the information included in the application should be reported to the department within thirty days after such change. **See IC 24-4.5-6-202(3)**. Changes in the name requires the submission of the license to the department for reissue. Change in ownership of the holder of the license terminates the license. **See IC 24-4.5-3-503(6)**.

SMALL LOAN LICENSE APPLICATION CHECKLIST

ATTACH TO APPLICATION

CHECK HERE	THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION
	Small Loan License Application Fee - \$2,000 plus \$1,000 for each branch location in Indiana after the first location. Make check payable to the Department of Financial Institutions
	CPA prepared minimum Reviewed or Audited Financial Statements or most recent 10K filing with the Securities and Exchange Commission (SEC) with minimum \$100,000 net worth and \$50,000 in liquid assets
	State Police Report of State of residence for each principal (officers/partners/owner/Indiana manager as applicable).
	Credit Report for business and/or principals
	Three reference letters, one must be a financial institution
	Example of loan application
	3 completed examples each of initial small loan agreement and consecutive small loan
	If a corporation, a copy of Certificate of Authority to do business in Indiana from the Secretary of State
	If d/b/a, copy of assumed name certificate from each County Recorder where you have a location in Indiana
	Detailed copy of business plan for Indiana
	List of other states where operating as a lender
	Letter of good standing from Home State Lender Regulator, if applicable
	Business resume for the manager, owner, partners, and all officers, as applicable
	Surety Bond required and power of attorney (IC 24-4.5-7-413)
	Persons who wish to make small loans under IC 24-4.5-7 within an office, suite, room, or place of business where another business is solicited or engaged must obtain a written opinion from the director of the department that the other business would not be contrary to the best interests of consumers. This information should be included with your application
	Detailed information requested in Item 7 on Page 4 of the application
	Detailed information requested on Page 5 of the application

Check each item required to accompany the application to make sure your application is complete and send this checklist with the application.

Bond Number	, Amount \$	
KNOW	V ALL PERSONS BY THESE PRESENTS, tha	at we,
(a	applicant/licensee name)	,
of the City of	, County of	, State of
	s principal and obligor, and	
are held and firmly bound unto the	State of Indiana, Department of Financial Insti	itutions (hereinafter "the DFI")
in the penal sum of \$	for the use of the DFI for the	e recovery of expenses, fines, and
fees levied by the DFI, and for any	and all expenses, fines, and fees that become l	awfully due pursuant to a final
judgment or order and that are not	promptly paid by the Principal, and for losses of	or damages which are
determined by the DFI to have bee	en incurred by any borrower or consumer as a re	esult of the Principal's failure to
faithfully comply with the provision	ons of Indiana law, including the requirements of	of the Indiana Uniform
Consumer Credit Code (IUCCC) S	Statute, IC 24-4.5 et seq. and amendments there	to, or any rule or regulation
lawfully adopted under said statute	e, for payment of which, well and truly to be ma	ade, we hereby bind ourselves
and each of our heirs, executors, ac	dministrators, successors and assigns, jointly an	nd severally, firmly by these
nresents		

WHEREAS, Principal is applying to become a licensed Small Loan Lender pursuant to IC 24-4.5-7, and seeks to establish, meet, and maintain the financial responsibility requirements of the DFI during the term of the subject license by tender of the within bond,

NOW, THEREFORE, the conditions of this bond are such that if the above bonded Principal will faithfully conform to and abide by the provisions of all applicable law, including applicable provisions of the IUCCC, as well as any rules and regulations lawfully adopted thereunder, and shall pay any and all amounts which become due or owed thereunder, then this obligation is null and void, but otherwise to remain in full force and effect,

PROVIDED that the Surety's aggregate liability for any and all claims which may arise under this bond shall in no event exceed the amount of this bond, regardless of the number of claims or claimants, and

FURTHER PROVIDED that this bond shall remain effective continuously until released by the DFI. The surety shall have the right to terminate or reduce its liability hereunder only by giving the Principal and the DFI written notice of such termination via certified mail to the State of Indiana, Department of Financial Institutions, at least thirty (30) days prior to the effective date of such termination; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and

FURTHER PROVIDED, that after giving notice of termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the DFI indicating that the surety desires to continue as surety for the licensee and that its prior notice of termination or reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the date of the surrender, revocation, or expiration of the subject license, whichever shall first occur.

1 12/2007

	ave duly executed the foregoing o, 200	ongation tills
	LICENSEE:	
[Corporate Seal]	(Licensee's Name)	
(If Any)	(Signature)	
	(Print Signature Name)	
	(Title)	(Date)
Must Attach Power of Attorney		
	(Surety)	
[SURETY SEAL]	(Signature)	
	(Print Signature Name)	
	(Telephone Number)	(Date)

2 12/2007